

1 EMPLOYEE

Full name		Department	
Direct supervisor		Date of request	___ / ___ / ____

2 LEAVE REQUEST

Type of leave	☐ Annual ☐ Unpaid ☐ Recup ☐ Other		
First day of leave	___ / ___ / ____	Last day of leave	___ / ___ / ____
Working days		Back at work on	___ / ___ / ____
Replaced by			
Employee signature			

3 APPROVAL

Decision	☐ Approved ☐ Refused	Date	___ / ___ / ____
Supervisor signature			

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